

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

February 14, 2003

**Re: IRO Case # M2-03-0437**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 37-year-old male who on \_\_\_ fell off a truck, landing on his right knee. He had immediate onset of pain, limitation of range of motion and instability. An MRI of the right knee 4/11/02 revealed a tear of the posterior horn of the lateral meniscus and a horizontal tear of the anterior horn of the lateral meniscus. On 5/23/02 arthroscopic meniscectomy and synovectomy were performed. On 6/18/02 the patient was diagnosed with an ACL deficient knee, and on 8/19/02 right knee ACL reconstruction was performed. The patient then had 22 sessions of post-operative physical therapy. An FCE 10/17/02 found the patient to be functioning at a medium level. His job requires a heavy level of functioning.

Requested Service

Work hardening program

Decision

I agree with the carrier's decision to deny the requested work hardening program.

Rationale

There is no documentation of the need for a multidisciplinary work hardening program.

There is no documented need for psychological intervention. The psychological screening tests performed indicated that the patient was functioning normally. Therefore, a multidisciplinary work hardening program including psychological counseling is not medically necessary.

The patient might do well in a single disciplinary work conditioning program.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 17th day of February, 2003.